

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation  
Against:

**ANAHIT BLIKIAN, M.D.**

Physician's and Surgeon's  
Certificate No. A 39608

Respondent

File No. 17-2004-161099

**DECISION**

The attached Stipulation and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on **April 23, 2009.**

IT IS SO ORDERED **March 24, 2009.**

MEDICAL BOARD OF CALIFORNIA

By: *Shelton Duruisseau*  
Shelton Duruisseau, Ph.D., Chair  
Panel A

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 TRINA L. SAUNDERS, State Bar No. 207764  
Deputy Attorney General  
3 300 South Spring Street, Suite 1702  
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5 Attorneys for Complainant  
6

7 **BEFORE THE**  
8 **MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 17-2004-161099

11 ANAHIT BLIKIAN, M.D.

OAH No. L2008030055

12 5020 Sunset Boulevard  
13 Los Angeles, California 90027

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Physician's & Surgeon's Certificate A39608,  
15 Respondent.

16  
17 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to  
18 the above-entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Barbara Johnston (Complainant) is the Executive Director of the Medical  
21 Board of California (Board). She brought this action solely in her official capacity and is  
22 represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California,  
23 by Trina L. Saunders, Deputy Attorney General.

24 2. Respondent Anahit Blikian, M.D. (Respondent) is represented in this  
25 proceeding by attorney Richard A. Moss, whose address is 255 South Marengo Avenue,  
26 Pasadena, California 91101-2719.

27 3. On or about March 7, 1983, the Board issued Physician's and Surgeon's  
28 Certificate number A39608 to Dr. Blikian. That license was in full force and effect at all times

1 relevant to the charges brought in Accusation No. 17-2004-161099 and will expire on September  
2 30, 2010, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 17-2004-161099 was filed before the Board, and is  
5 currently pending against Respondent. The Accusation and all other statutorily required  
6 documents were properly served on Respondent on September 13, 2007. Respondent timely  
7 filed her Notice of Defense contesting the Accusation. A copy of the Accusation is attached as  
8 Exhibit A and is incorporated herein by reference.

9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, fully discussed with counsel, and  
11 understands the charges and allegations in Accusation No. 17-2004-161099. Respondent has  
12 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
13 Settlement and Disciplinary Order.

14 6. Respondent is fully aware of her legal rights in this matter, including her  
15 right to a hearing on the charges in the Accusation; her right to be represented by counsel at her  
16 own expense; her right to confront and cross-examine the witnesses against her; her right to  
17 present evidence and to testify on her own behalf; her right to the issuance of subpoenas to  
18 compel the attendance of witnesses and the production of documents; her right to reconsideration  
19 and court review of an adverse decision; and all other rights accorded by the California  
20 Administrative Procedure Act and other applicable laws.

21 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
22 each and every right set forth above.

23 **CULPABILITY**

24 8. Respondent understands and agrees that the charges and allegations in  
25 Accusation No. 17-2004-161099, if proven at a hearing, constitute cause for imposing discipline  
26 upon her Physician's and Surgeon's license.

27 9. For the purpose of resolving the Accusation without the expense and  
28 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could

1 establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up  
2 her right to contest those charges.

3 10. Respondent agrees that her Physician's and Surgeon's license is subject to  
4 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
5 Disciplinary Order below.

#### 6 CONTINGENCY

7 11. This stipulation shall be subject to the approval of the Board. Respondent  
8 understands and agrees that the Board's staff and counsel for complainant may communicate  
9 directly with the Board regarding this stipulation, without notice to or participation by  
10 Respondent or his counsel. If the Board fails to adopt this stipulation as its order, the stipulated  
11 settlement, except for this paragraph, shall be of no force or effect. The stipulated settlement  
12 shall be inadmissible in any legal action between the parties and the Board shall not be  
13 disqualified from further action by having considered this matter.

14 11. The parties understand and agree that facsimile copies of this Stipulated  
15 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
16 force and effect as the originals.

17 12. In consideration of the foregoing admissions and stipulations, the parties  
18 agree that the Board may, without further notice or formal proceeding, issue and enter the  
19 following Disciplinary Order:

#### 20 DISCIPLINARY ORDER

21 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate A39608  
22 issued to Respondent Anahit Blikian, M.D. is revoked. However, the revocation is stayed and  
23 Respondent is placed on probation for four (4) years on the following terms and conditions.

24 1. EDUCATION COURSE Within 60 calendar days of the effective date of  
25 this Decision, and on an annual basis thereafter, Respondent shall submit to the Division or its  
26 designee for its prior approval educational program(s) or course(s) which shall not be less than  
27 forty hours per year, for each year of probation. The educational program(s) or course(s) shall be  
28 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified,

1 limited to classroom, conference, or seminar settings. In this instance the course work should be  
2 related to patient assessment. The educational program(s) or course(s) shall be at Respondent's  
3 expense and shall be in addition to the Continuing Medical Education (CME) requirements for  
4 renewal of licensure. Following the completion of each course, the Division or its designee may  
5 administer an examination to test Respondent's knowledge of the course. Respondent shall  
6 provide proof of attendance for sixty-five hours of continuing medical education of which forty  
7 hours were in satisfaction of this condition.

8                   2.     MEDICAL RECORD KEEPING COURSE Within 60 calendar days of  
9 the effective date of this decision, Respondent shall enroll in a course in medical record keeping,  
10 at Respondent's expense, approved in advance by the Division or its designee. Failure to  
11 successfully complete the course during the first six months of probation is a violation of  
12 probation.

13                   A medical record keeping course taken after the acts that gave rise to the charges  
14 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
15 Division or its designee, be accepted toward the fulfillment of this condition if the course would  
16 have been approved by the Division or its designee had the course been taken after the effective  
17 date of this Decision.

18                   Respondent shall submit a certification of successful completion to the Division  
19 or its designee not later than fifteen calendar days after successfully completing the course, or not  
20 later than fifteen calendar days after the effective date of the Decision, whichever is later.

21                   3.     PHYSICIAN ENHANCEMENT PROGRAM Within 30 calendar days of  
22 the effective date of this Decision, Respondent shall enroll in the Physician Enhancement  
23 Program (PEP) offered by the Physician Assessment and Clinical Education Program at the  
24 University of California, San Diego School of Medicine. Respondent must comply with all  
25 portions of the Professional Enhancement Program. The program includes among other things,  
26 an initial on-site visit, monthly chart audits, monthly and quarterly reports regarding the  
27 physician's professional growth and education. Respondent shall participate in the professional  
28 enhancement program at Respondent's expense during the term of probation.

1 The Division or its designee shall provide the PEP program office with copies of  
2 the Decision(s) and Accusation(s).

3 Within sixty calendar days of the effective date of this Decision, and continuing  
4 throughout probation, Respondent's practice shall be monitored through the PEP program  
5 administrators. Respondent shall make all records available for immediate inspection and  
6 copying on the premises by the monitor at all times during business hours, and shall retain the  
7 records for the entire term of probation.

8 Failure to maintain all records, or to make all appropriate records available for  
9 immediate inspection and copying on the premises, or to comply with this condition as outlined  
10 above is a violation of probation.

11 4. NOTIFICATION Prior to engaging in the practice of medicine, the  
12 Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff  
13 or the Chief Executive Officer at every hospital where privileges or membership are extended to  
14 Respondent, at any other facility where Respondent engages in the practice of medicine,  
15 including all physician and locum tenens registries or other similar agencies, and to the Chief  
16 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
17 Respondent. Respondent shall submit proof of compliance to the Division or its designee within  
18 fifteen calendar days.

19 This condition shall apply to any change(s) in hospitals, other facilities or  
20 insurance carrier.

21 5. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,  
22 Respondent is prohibited from supervising physician assistants.

23 6. OBEY ALL LAWS Respondent shall obey all federal, state and local  
24 laws, all rules governing the practice of medicine in California, and remain in full compliance  
25 with any court ordered criminal probation, payments and other orders.

26 7. QUARTERLY DECLARATIONS Respondent shall submit quarterly  
27 declarations under penalty of perjury on forms provided by the Division, stating whether there  
28 has been compliance with all the conditions of probation. Respondent shall submit quarterly

1 declarations not later than ten calendar days after the end of the preceding quarter.

2           8.     PROBATION UNIT COMPLIANCE Respondent shall comply with the  
3 Division's probation unit. Respondent shall, at all times, keep the Division informed of  
4 Respondent's business and residence addresses. Changes of such addresses shall be immediately  
5 communicated in writing to the Division or its designee. Under no circumstances shall a post  
6 office box serve as an address of record, except as allowed by Business and Professions Code  
7 section 2021(b).

8           Respondent shall not engage in the practice of medicine in Respondent's place of  
9 residence. Respondent shall maintain a current and renewed California physician's and  
10 surgeon's certificate.

11           Respondent shall immediately inform the Division, or its designee, in writing, of  
12 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,  
13 more than thirty calendar days.

14           9.     INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent  
15 shall be available in person for interviews either at Respondent's place of business or at the  
16 probation unit office, with the Division or its designee, upon request at various intervals, and  
17 either with or without prior notice throughout the term of probation.

18           10.    RESIDING OR PRACTICING OUT-OF-STATE In the event  
19 Respondent should leave the State of California to reside or to practice, Respondent shall notify  
20 the Division or its designee in writing thirty calendar days prior to the dates of departure and  
21 return. Non-practice is defined as any period of time exceeding thirty calendar days in which  
22 Respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business  
23 and Professions Code.

24           All time spent in an intensive training program outside the State of California  
25 which has been approved by the Division or its designee shall be considered as time spent in the  
26 practice of medicine within the State. A Board-ordered suspension of practice shall not be  
27 considered as a period of non-practice. Periods of temporary or permanent residence or practice  
28 outside California will not apply to the reduction of the probationary term. Periods of temporary

1 or permanent residence or practice outside California will relieve Respondent of the  
2 responsibility to comply with the probationary terms and conditions with the exception of this  
3 condition and the following terms and conditions of probation: Obey All Laws; Probation Unit  
4 Compliance; and Cost Recovery.

5 Respondent's license shall be automatically canceled if Respondent's periods of  
6 temporary or permanent residence or practice outside California total two years. However,  
7 Respondent's license shall not be canceled as long as Respondent is residing and practicing  
8 medicine in another state of the United States and is on active probation with the medical  
9 licensing authority of that state, in which case the two-year period shall begin on the date  
10 probation is completed or terminated in that state.

11 11. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

12 In the event Respondent resides in the State of California and for any reason  
13 Respondent stops practicing medicine in California, Respondent shall notify the Division or its  
14 designee in writing within thirty calendar days prior to the dates of non-practice and return to  
15 practice. Any period of non-practice within California, as defined in this condition, will not  
16 apply to the reduction of the probationary term and does not relieve Respondent of the  
17 responsibility to comply with the terms and conditions of probation. Non-practice is defined as  
18 any period of time exceeding thirty calendar days in which Respondent is not engaging in any  
19 activities defined in sections 2051 and 2052 of the Business and Professions Code.

20 All time spent in an intensive training program which has been approved by the  
21 Division or its designee shall be considered time spent in the practice of medicine. For purposes  
22 of this condition, non-practice due to a Board-ordered suspension or in compliance with any  
23 other condition of probation, shall not be considered a period of non-practice.

24 Respondent's license shall be automatically canceled if Respondent resides in  
25 California and for a total of two years, fails to engage in California in any of the activities  
26 described in Business and Professions Code sections 2051 and 2052.

27 12. COMPLETION OF PROBATION Respondent shall comply with all  
28 financial obligations (e.g., cost recovery, restitution, probation costs) not later than one hundred



1 and twenty calendar days prior to the completion of probation. Upon successful completion of  
2 probation, Respondent's license shall be fully restored.

3 13. VIOLATION OF PROBATION Failure to fully comply with any term or  
4 condition of probation is a violation of probation. If Respondent violates probation in any  
5 respect, the Division, after giving Respondent notice and the opportunity to be heard, may revoke  
6 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to  
7 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,  
8 the Division shall have continuing jurisdiction until the matter is final, and the period of  
9 probation shall be extended until the matter is final.

10 14. LICENSE SURRENDER Following the effective date of this Decision, if  
11 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
12 the terms and conditions of probation, Respondent may request the voluntary surrender of  
13 Respondent's license. The Division reserves the right to evaluate Respondent's request and to  
14 exercise its discretion whether or not to grant the request, or to take any other action deemed  
15 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
16 Respondent shall within fifteen calendar days deliver Respondent's wallet and wall license to the  
17 Division or its designee and Respondent shall no longer practice medicine. Respondent will no  
18 longer be subject to the terms and conditions of probation and the surrender of Respondent's  
19 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the  
20 application shall be treated as a petition for reinstatement of a revoked license. Respondent will  
21 be required to comply with all the laws, regulations and procedures for reinstatement of a  
22 revoked license in effect at the time the petition is filed, and all of the charges and allegations  
23 contained in Accusation No. 17-2004-161099 shall be deemed to be true, correct and admitted by  
24 Respondent when the Board determines whether to grant or deny the petition.

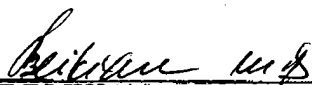
25 15. PROBATION MONITORING COSTS Respondent shall pay the costs  
26 associated with probation monitoring each and every year of probation, as designated by the  
27 Division, which are currently set at \$3173.00, but may be adjusted on an annual basis. Such  
28 costs shall be payable to the Medical Board of California and delivered to the Division or its

1 designee no later than January 31 of each calendar year. Failure to pay costs within thirty  
2 calendar days of the due date is a violation of probation.

3 ACCEPTANCE

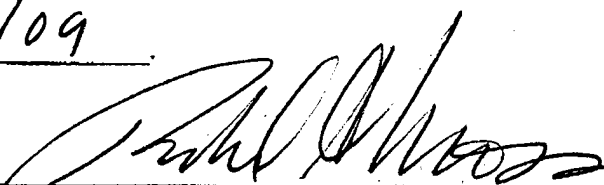
4 I have carefully read the above Stipulated Settlement and Disciplinary Order and  
5 have fully discussed it with my attorney, Richard A. Moss. I understand the stipulation and the  
6 effect it will have on my Physician's and Surgeon's certificate. I enter into this Stipulated  
7 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
8 bound by the Decision and Order of the Board.

9 DATED: 01/28/09

10  
11   
12 ANAHIT BLIKIAN, M.D.  
13 Respondent

14 I have read and fully discussed with Respondent Anahit Blikian, M.D. the terms  
15 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
16 Order. I approve its form and content.

17 DATED: 01/28/09

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20 RICHARD A. MOSS  
21 Attorney for Respondent

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DATED: January 30, 2009  
EDMUND G. BROCK  
of the State of California

  
TRINA L. SAUNDERS  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 17-2004-161099**

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 ROBERT McKIM BELL, State Bar No. 56332  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS, State Bar No. 207764  
Deputy Attorney General  
4 California Department of Justice  
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7 Attorneys for Complainant

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 ANAHIT BLIKIAN, M.D.

13 5020 Sunset Boulevard  
14 Los Angeles, California 90027

15 Physician and Surgeon's Certificate No. A39608,  
16 Respondent.

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO September 13, 2007  
BY Valerie M. M. M. ANALYST

Case No. 17-2004-161099

**ACCUSATION**

17 Complainant alleges:

18 **PARTIES**

19 1. Barbara Johnston ("Complainant") brings this Accusation solely in her  
20 official capacity as the Executive Director of the Medical Board of California ("Board").

21 2. On or about March 7, 1983, the Board issued Physician and Surgeon's  
22 Certificate number A39608 to Anahit Blikian, M.D. ("Respondent"). This license was in full  
23 force and effect at all times relevant to the charges brought herein and will expire on September  
24 30, 2008, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board under the authority of the  
27 following laws. All section references are to the Business and Professions Code unless otherwise  
28 indicated.

1                   4.       Section 2234 of the Code states:

2                   "The Division of Medical Quality shall take action against any licensee who is  
3 charged with unprofessional conduct. In addition to other provisions of this article,  
4 unprofessional conduct includes, but is not limited to, the following:

5                   "(a) Violating or attempting to violate, directly or indirectly, assisting in or  
6 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,  
7 the Medical Practice Act].

8                   "(b) Gross negligence.

9                   "(c) Repeated negligent acts. To be repeated, there must be two or more  
10 negligent acts or omissions. An initial negligent act or omission followed by a separate  
11 and distinct departure from the applicable standard of care shall constitute repeated  
12 negligent acts.

13                   "(1) An initial negligent diagnosis followed by an act or omission medically  
14 appropriate for that negligent diagnosis of the patient shall constitute a single negligent  
15 act.

16                   "(2) When the standard of care requires a change in the diagnosis, act, or  
17 omission that constitutes the negligent act described in paragraph (1), including, but not  
18 limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's  
19 conduct departs from the applicable standard of care, each departure constitutes a separate  
20 and distinct breach of the standard of care.

21                   "(d) Incompetence.

22                   "(e) The commission of any act involving dishonesty or corruption which is  
23 substantially related to the qualifications, functions, or duties of a physician and surgeon.

24                   "(f) Any action or conduct which would have warranted the denial of a  
25 certificate."

26                   5.       Section 2266 of the Code states: "The failure of a physician and surgeon to  
27 maintain adequate and accurate records relating to the provision of services to their patients  
28 constitutes unprofessional conduct."

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence - Patient Maria B.)

3 6. Respondent is subject to disciplinary action under section 2234,  
4 subdivision (b) of the Code in that she engaged in acts and omissions in the care and treatment of  
5 a patient constituting gross negligence. The circumstances are as follows:

6 7. On or about March 16, 2003, Maria B., a 24-year-old female, presented to  
7 Respondent for an initial history and physical examination. The patient's physical exam was  
8 documented mostly via checkmarks on a template form. The patient's vital signs were listed  
9 with normal results. The oral cavity was mostly checkmarked with normal findings with the  
10 exception of an illegible finding. An eye exam was mostly checkmarked with normal findings,  
11 with the exception of "red eyes," which is written in. An abdominal exam was mostly  
12 checkmarked with normal findings, with the exception of a diagram illustrating 1+ suprapubic  
13 tenderness. A breast and pelvic exam are not documented. Assessment, impression, or summary  
14 was not documented. The "Plan" section is missing from the medical records, although a copy of  
15 a prescription for condoms, OrthoNovum 7-7-7, and Cipro are found in the record.

16 8. Laboratory results for October 16, 2003, indicate that patient Maria B. had  
17 syphilis. On the same lab report, the patient was noted to have elevated cholesterol and  
18 triglycerides, and a urinalysis with 2+ protein and the presence of bacteria. This lab report was  
19 initialed, "BA" on November 4, 2003.

20 9. On or about November 4, 2003, patient Maria B. was notified to return to  
21 the clinic as soon as possible via a form letter.

22 10. On or about November 18, 2003, patient Maria B. returned to the clinic.  
23 The medical records contain a statement that the "patient came in for injection for syphilis and  
24 will be back for 2<sup>nd</sup> injection next week (7-10 days)." There was no other history documented.

25 11. There was no history noted concerning any previous or current signs of  
26 syphilis, to help determine the current stage of the patient's condition. The exam only noted red  
27 eyes, slight distress, obesity and decreased chest expansion. Bicillin (a form of penicillin) was  
28 ordered intramuscularly. There was no documentation of any counseling regarding the condition

1 and treatment of syphilis.

2 12. Also lacking in the medical record was any documentation indicating a  
3 report to the Department of Health regarding the new diagnosis of syphilis or any subsequent  
4 treatments.

5 13. During the course of treatment, Respondent never conducted a pelvic  
6 exam on this patient.

7 14. Respondent committed gross negligence in the care and treatment of  
8 patient Maria B. by failing to adequately evaluate the patient's syphilitic condition and blindly  
9 treating the patient without regard to matching the appropriate treatment to the appropriate  
10 syphilitic stage.

## 11 SECOND CAUSE FOR DISCIPLINE

12 (Repeated Negligent Acts - Patient Maria B.)

13 15. Respondent is subject to disciplinary action under section 2234,  
14 subdivision (c), of the Code in that she engaged in repeated negligent acts in the care and  
15 treatment of a patient. The circumstances are as follows:

16 16. Paragraphs 6 through 14 are incorporated by reference as if fully set forth.

17 17. Respondent committed repeated negligent acts in the care and treatment of  
18 patient Maria B., in the following instances:

19 A. Respondent failed to document an assessment, impression, or summary of  
20 findings, as described in the case summary.

21 B. Respondent prescribed oral contraceptive medications without a pap smear  
22 or pelvic examination.

23 C. Respondent failed to adequately evaluate the patient's syphilitic condition  
24 and blindly treated the patient without regard to matching appropriate treatment to the  
25 appropriate syphilitic stage.

26 E. Respondent failed to report to the Department of Health regarding a new  
27 diagnosis of syphilis or any subsequent treatments.

28 ///



### THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patient Claudia C.)

18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that she engaged in repeated negligent acts in the care and treatment of a patient. The circumstances are as follows.

19. On or about January 9, 2004, Claudia C., a 29-year-old female presented to Respondent for an initial history and examination. The patient's physical exam was documented mostly via checkmarks on a template form. The patient was noted to have her last pap smear six months prior to the visit, which was reported by the patient as normal. The patient's vitals were listed with normal results. Breast and pelvic exams were not documented. The records do not contain a "Plan" section, although a copy of a prescription for condoms, OrthoNovum 7-7-7, and Doxycycline<sup>1</sup> are found in the record. No indication for Doxycycline was found in the record.

20. Serum results for January 9, 2004 for cholesterol and random glucose were elevated. The abnormal results appear to have been left unaddressed, and the patient did not appear to be treated for such abnormalities.

21. The urine dipstick result performed by Respondent's office on January 9, 2004, differed from the lab urinalysis result of the same date. Specifically the pH by Respondent's office was reported as 6.0, the character noted as cloudy, the white blood cell count was 3+ and the red blood cell count was noted as 1+. The lab urinalysis results indicated that the pH was 8.0, the character was clear, the white blood cell count was none and the red blood cell count was none.

22. On or about February 6, 2004, patient Claudia C. presented to Respondent with complaints of urinary frequency and burning urine. She was noted to have suprapubic tenderness, diagnosed with recurrent urinary tract infections, and given a prescription of Cipro.

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1. Doxycycline is a member of the tetracycline antibiotics group and is commonly used to treat a variety of infections

1 The patient was also given refills of condoms and OrthoNovum 7-7-7.

2 23. Patient Claudia C. again presented to Respondent on or about April 2,  
3 2004, with complaints of a vaginal discharge and milky mucous with a strong odor. The length  
4 of the symptoms was not recorded.

5 24. On examination, the patient was noted to be slightly distressed, and with  
6 normal neck, chest, breast, lungs, heart, abdominal, rectal, extremity findings as indicated by  
7 circles on "WNL" (within normal limits) by each category.

8 25. The pelvic exam section only documents a vaginal discharge, but does not  
9 describe the discharge. KOH<sup>2</sup> or wet mount -- which are diagnostic in-office tests for vaginal  
10 yeast infections, bacterial vaginosis and trichomonas -- were not performed or documented.  
11 Vaginitis was diagnosed and treated with Cleocin (a form of antibiotic). A prescription for  
12 contraceptives was refilled.

13 26. Under "Impressions," a statement, "r/o PID" was noted on January 9, 2004  
14 and February 6, 2004. This diagnosis was made without supporting history or exam findings.  
15 The diagnosis of PID<sup>3</sup> was left by Respondent without work-up or treatment.

16 27. Respondent did not conduct or perform breast or pelvic examinations  
17 during the course of treating patient Claudia C.

18 28. On August 17, 2005, Respondent met with a Medical Board investigator.  
19 Respondent gave statements and failed to recognize basic medical facts that indicated a lack of  
20 knowledge. They include: (1) Failing to acknowledge that cancers of the uterus or breasts are  
21 contraindications for the use of oral contraceptives; (2) Failing to consider that the presence of  
22 vaginal bleeding does not rule out pregnancy; (3) Stating that Doxycycline was active for  
23 Trichomonas, Chlamydia, and Gonorrhea; and (4) Failing to recognize that strong or foul

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24  
25 2. The KOH test is a procedure in which potassium hydroxide (KOH) is used to detect  
26 fungi by dissolving human cells in a culture.

27 3. Pelvic inflammatory disease (or disorder) (PID) is a generic term for infection of the  
28 female uterus, fallopian tubes, and/or ovaries as it progresses to scar formation with adhesions  
to nearby tissues and organs.

1 smelling vaginal discharge is usually caused by bacterial vaginosis.

2 29. Respondent committed repeated negligent acts in the care and treatment of  
3 patient Claudia C., in the following instances:

4 A. Respondent made the assessment of r/o PID without supporting history,  
5 exam findings, or objective studies. Respondent's assessment was inconsistent with the  
6 patient's presentation;

7 B. Respondent prescribed oral contraceptive medications without conducting  
8 a pap smear or pelvic examination;

9 C. Respondent prescribed Doxycycline without a documented medical  
10 indication;

11 D. Respondent failed to adequately evaluate and treat for potential diabetes in  
12 the setting of an abnormal glucose result;

13 E. Respondent failed to adequately treat hypercholesterolemia;

14 F. Respondent failed to accurately determine the type of vaginitis suffered by  
15 patient Claudia C. and did not offer treatment;

16 G. Respondent failed to settle the discrepancies between patient Claudia C.'s  
17 urine dipstick with that of the laboratory's results on urinalysis.

18 **FOURTH CAUSE FOR DISCIPLINE**

19 (Gross Negligence - Patient Nelli S.)

20 30. Respondent is subject to disciplinary action under section 2234,  
21 subdivision (b) of the Code in that she engaged in acts and omissions in the care and treatment of  
22 a patient constituting gross negligence. The circumstances are as follows:

23 31. On or about February 26, 2002, Nelli S., a 31-year-old female presented  
24 to Respondent for multiple complaints. Respondent treated this patient from such time, through  
25 June 9, 2004.

26 32. Patient Nelli S. was seen by Respondent on the following dates: February  
27 26, 2002, April 15, 2002, May 7, 2002, June 26, 2002, July 29, 2002, September 10, 2002,  
28 October 9, 2002, December 2, 2002, January 19, 2003, February 24, 2003, April 15, 2003, May

1 28, 2003, July 21, 2003, August 26, 2003, September 22, 2003, October 10, 2003, October 16,  
2 2003, November 18, 2003, December 29, 2003, February 3, 2004, March 16, 2004 and June 9,  
3 2004.

4 33. Consistently, the subjective portion of the progress notes in the medical  
5 records of patient Nelli S. are merely comprised of listed complaints and lack pertinent  
6 positives/negatives, descriptions of patient complaints, or history of such complaints.

7 34. Consistently, the physical examination findings contained in the progress  
8 notes are merely comprised of circles over pre-written words. There was no description provided  
9 as to the location of the findings, their severity or quality, or any other essential information that  
10 would aid in making a diagnosis of the patient's condition, or would alert another physician who  
11 reviews the records to the condition of the patient.

12 35. The "Assessment" section of the medical records of patient Nelli S., which  
13 was labeled as "Impression(s)," consistently lists diagnoses, or often was comprised of a list of  
14 complaints. Pertinent descriptions of the diagnosis are absent and suspected causes are not  
15 described.

16 36. The "Plan" section of the progress notes usually and consistently lists  
17 medications exclusively. There was no documentation of referrals to specialists or requested  
18 follow-up visits. Additionally, there was no documentation of general counseling or specific  
19 counseling regarding any of the listed diagnoses being provided to patient Nelli S.

20 37. On or about February 26, 2002, patient Nelli S. complained to Respondent  
21 of having a milky, cheese-like vaginal discharge. A diagnosis of vulvovaginitis (inflammation or  
22 irritation of the vagina and vulva) was made. No wet mount, KOH test, or culture was performed  
23 to confirm or determine the type of diagnosis. An undescribed vaginal discharge was the only  
24 finding listed and there was no indication that a pelvic examination was performed. No  
25 medications were prescribed.

26 38. On or about July 29, 2002, September 10, 2002, October 9, 2002, April  
27 15, 2003, November 18, 2003 and December 29, 2003 patient Nelli S. presented to Respondent  
28 with complaints similar to those described in paragraph 37 of this Accusation. On each occasion

1 there was no assessment as to the type of vulvovaginitis listed. On each occasion no wet mount,  
2 KOH test, or culture was performed to confirm or determine the type of diagnosis. An  
3 undescribed vaginal discharge was the only finding listed. The records do not demonstrate that a  
4 pelvic examination was performed on any of these occasions. On each visit the patient was  
5 either treated with Monistat, or left untreated altogether.

6           39. Throughout the medical records, palpable gallbladder was documented.  
7 This is a specific indication of gallbladder carcinoma. An abdominal ultrasound was ordered on  
8 February 26, 2002. The only ultrasound found in this patient's medical record is dated April 15,  
9 2003, and reports "slightly calcified thickening of gallbladder walls as well as "sludge  
10 visualized." There was no evidence of further work-up for the calcified gallbladder wall.

11           40. On February 26, 2002, October 9, 2002 and November 18, 2003, a urinary  
12 tract infection was diagnosed. There was no urine dipstick analysis, urinalysis, or urine culture  
13 performed. On April 15, 2003 and September 22, 2003, urinary tract infection was diagnosed  
14 and a urinalysis appears to have been performed. Nonetheless, on none of these occasions were  
15 antibiotics prescribed or a referral made to a urologist for this patient's recurrent cystitis/urinary  
16 tract infections.

17           41. On September 10, 2002, patient Nelli S. presented to Respondent,  
18 complaining of neck pain, following serious acute head trauma. No X-rays were ordered and no  
19 physical therapy or orthopedic consultations were recommended.

20           42. On September 10, 2002, patient Nelli S. presented with complaints of  
21 chest pain. Respondent diagnosed her with chest pains/exertion angina. Despite the diagnosis,  
22 no EKG, stress testing or referral to an emergency room or cardiologist was made to rule out  
23 acute myocardial infarction or ischemic heart disease.

24           43. On July 20, 2005 and August 17, 2005, Respondent participated in  
25 interviews with the Medical Board of California, regarding her care of patient Nelli S. During  
26 this interview Respondent demonstrated a lack of knowledge by making the following  
27  
28

1 statements: (1) Ultram<sup>4</sup> was not an addictive medication; and (2) a patient with a hysterectomy is  
2 in menopause due to the lack of menstruations.

3 44. Respondent was grossly negligent in the overall care and treatment  
4 provided to patient Nelli S. Specifically, Respondent committed gross negligence when she:

5 A. Failed to perform and document pertinent histories on nearly all patient  
6 visits;

7 B. Failed to perform and document adequate physical examinations on nearly  
8 all patient visits;

9 C. Failed to perform and document adequate assessments on nearly all patient  
10 visits;

11 D. Made assessments of medical conditions without supporting history, exam  
12 findings, or objective studies;

13 E. Repeatedly failed to develop and document reasonable plans for evaluating  
14 and/or treating the patient's presenting complaints/diagnosis;

15 F. Failed to adequately evaluate and treat vulvovaginitis on several  
16 occasions;

17 G. Failed to adequately evaluate and treat the patient's urinary tract infections  
18 on multiple visits;

19 H. Failed to recognize signs of gallbladder carcinoma; and

20 I. Failed to adequately evaluate the patient's acute neck pain in the setting of  
21 severe head trauma.

#### 22 **FIFTH CAUSE FOR DISCIPLINE**

23 (Repeated Negligent Acts - Patient Nelli S.)

24 45. Respondent is subject to disciplinary action under section 2234,  
25 subdivision (c), of the Code in that she engaged in repeated negligent acts in the care and  
26

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27  
28 4. Ultram is a brand name for tramadol, a synthetic analgesic pain reliever with a  
mechanism of action similar to morphine.

1 treatment of a patient. The circumstances are as follows:

2 46. Paragraphs 31 through 44 are incorporated by reference as if fully set  
3 forth.

4 47. Respondent committed repeated negligent acts in the care and treatment of  
5 patient Nelli S. in the following instances:

6 A. Each time she failed to perform and document pertinent history;

7 B. Each time she failed to perform and document an adequate physical  
8 examination;

9 C. Each time she failed to perform and document an adequate assessment;

10 D. Each time she made the assessment of medical conditions without  
11 supporting history, exam findings, or objective studies;

12 E. Each time she failed to develop and document reasonable plans for  
13 evaluating and/or treating the patient's presenting complaints/diagnosis on a repeated  
14 basis;

15 F. Each time she failed to adequately evaluate and treat vulvovaginitis;

16 G. Each time she failed to adequately evaluate and treat the patient's urinary  
17 tract infection;

18 H. Failed to recognize signs of gallbladder carcinoma; and

19 I. Failed to adequately evaluate the patient's acute neck pain in the setting of  
20 severe head trauma.

21 **SIXTH CAUSE FOR DISCIPLINE**

22 (Gross Negligence - Patient Mari A.)

23 48. Respondent is subject to disciplinary action under section 2234,  
24 subdivision (b) of the Code in that she engaged in acts and omissions in the care and treatment of  
25 a patient constituting gross negligence. The circumstances are as follows:

26 49. On or about August 15, 1997, Mari A., a 66-year-old female presented to  
27 Respondent. Respondent treated this patient from December 5, 2001 through March 8, 2004.

28 50. The dates on which Patient Mari A. was seen by Respondent are as

1 follows: December 5, 2001, February 4, 2002, April 1, 2002, May 10, 2002, May 16, 2002, June  
2 6, 2002, June 14, 2002, August 9, 2002, September 11, 2002, September 16, 2002, October 14,  
3 2002, November 8, 2002, December 4, 2002, December 27, 2002, April 7, 2003, April 10, 2003,  
4 June 5, 2003, July 17, 2003, November 21, 2003, December 3, 2003, January 15, 2004, February  
5 9, 2004, and March 8, 2004.

6 51. Respondent failed to perform and document pertinent histories on nearly  
7 all visits of patient Mari A. On a consistent basis throughout the medical record, the subjective  
8 portion of the progress note was merely comprised of listed complaints and consistently lacks  
9 pertinent positives/negatives, descriptions of the complaints, or history of such complaints.

10 52. Respondent consistently failed to perform and document adequate physical  
11 examinations. Throughout the progress notes, the physical examination findings are merely  
12 comprised of circles over pre-written words. There was no description provided as to the  
13 location of findings, their severity or quality, or any other essential information that would aid in  
14 making a diagnosis of the patient's condition or would alert another physician reviewing the  
15 records to the condition of the patient.

16 53. Respondent consistently failed to perform and document adequate  
17 assessments. In the progress notes, the "Assessment" section was labeled, "Impression(s)." On a  
18 consistent basis, this area merely lists diagnoses, or often was comprised of a list of complaints.  
19 Missing are pertinent descriptions of the diagnosis and the etiology.

20 54. Respondent failed to develop and document reasonable plans for  
21 evaluating and/or treating the patient's presenting complaints/diagnosis. The "Plan" section of  
22 the progress notes usually and consistently lists medications exclusively. There was no  
23 documentation of referrals to specialists or requested follow-up visits. Additionally, there was  
24 no documentation of general counseling or specific counseling regarding any of the listed  
25 diagnoses.

26 55. An ultrasound report from ABC Medical clinic, of June 7, 2002, reported  
27 calcified thickening of gallbladder walls. The interpreter determined that this was consistent  
28 with mild cholecystitis (inflammation of the gall bladder). The liver was measured at 18.5 cm



1 and reported as slightly enlarged liver consistent with mild hepatomegaly (an enlarged liver).  
2 Small stones and possible gravel were seen in the left and right kidneys respectively. The report  
3 was unsigned. There was no evidence of further work-up for calcified gallbladder wall. There  
4 was no referral for a gastroenterologist or surgeon for the findings of cholecystitis or for the  
5 calcified gallbladder wall. There was no treatment offered for the bilateral kidney stones, nor  
6 was there a referral to a neurologist.

7           56.     Elevated cholesterol levels are noted on December 3, 2003, but left  
8 untreated.

9           57.     On every visit the patient was noted to have decreased hearing and vision.  
10 There was no documentation of actual visual acuity testing. There was no documentation of a  
11 comprehensive eye examination, including inspection testing of extraocular muscles. There was  
12 no audiogram testing. There was no assessment of the cause of decreased visual or hearing  
13 changes. There was no referral for a formal hearing test. There was no referral to an  
14 ophthalmologist, audiologist, or otolaryngologist. There was no referral to a neurologist.

15           58.     On May 10, 2002, patient Mari A. presented with a complaint of poor  
16 memory, forgetfulness and poor concentration. No details are recorded of the history of these  
17 complaints, such as length of changes and associated neurologic changes. No neurologic  
18 examination or diagnostic testing was performed. No consultation with a specialist was  
19 requested or documented.

20           59.     On July 20, 2005 and August 17, 2005, Respondent participated in  
21 interviews with the Board regarding her care of patient Mari A. During such interview  
22 Respondent demonstrated her lack of knowledge when she: (1) Demonstrated her inability to  
23 distinguish between rales and rhonchi or to explain any significance between the two findings;  
24 (2) Stated that varicose veins were the cause of abnormal pulses; (3) Answered that "the stool  
25 was not bloody" when asked if GI bleeding was ever ruled out in a patient with anemia and failed  
26 to recognize that GI bleeding needed to be ruled out in a setting of anemia; (4) Stated that  
27 gallbladder wall calcification was a sign of cholecystitis; (5) Did not know what thoracic outlet  
28 syndrome is; (6) Stated that a low TSH was indicative of hypothyroidism; (7) Did not know

1 what a cystocele<sup>5</sup> was; (8) Made an inaccurate labeling of thyroid disorder; (9) Failed to perform  
2 a urinalysis or urine culture despite repeated urinary complaints; (10) Used Ergotamine<sup>6</sup> in order  
3 to "improve the memory" of a patient; (11) Failed to recognize signs of gallbladder carcinoma;  
4 (12) Failed to act in the case of prolonged visual loss, thus failing to recognize the potential  
5 seriousness of this condition; (13) Failed to act in the case of prolonged hearing loss, thus failing  
6 to recognize the potential seriousness of this condition; and (14) Failed to adequately evaluate or  
7 treat the patient's mental status changes.

8           60.     Respondent was grossly negligent in the overall care and treatment  
9 provided to patient Mari A. Specifically, Respondent committed gross negligence when she

10           A.     Failed to perform and document pertinent histories on nearly all patient  
11 visits.

12           B.     Failed to perform and document an adequate physical examinations on  
13 nearly all patient visits.

14           C.     Failed to perform and document adequate assessments on nearly all patient  
15 visits.

16           D.     Made the assessment of medical conditions without supporting history,  
17 exam findings, or objective studies.

18           E.     Failed to develop and document reasonable plans for evaluating and/or  
19 treating the patient's presenting complaints/diagnosis on a repeated basis.

20           F.     Failed to maintain documentation of any referrals when a specialist's care  
21 was indicated and failed to maintain communication with the specialists whom the patient  
22 was allegedly referred to.

23           G.     Failed to recognize signs of gallbladder carcinoma.

24  
25 \_\_\_\_\_  
26     5. A cystocele is a condition that occurs when the wall between a woman's bladder and her  
27 vagina weakens and allows the bladder to droop into the vagina. This condition may cause  
28 discomfort and problems with emptying the bladder.

6. Ergotamine is a drug used as a vasoconstrictor for migraine prevention.

1 H. Failed to refer a patient with a diagnosis of cholecystitis to an appropriate  
2 specialist.

3 I. Failed to adequately evaluate prolonged visual acuity.

4 J. Failed to adequately evaluate prolonged hearing loss.

5 K. Failed to adequately evaluate and treat the patient's mental status.

6 **SEVENTH CAUSE FOR DISCIPLINE**

7 (Repeated Negligent Acts - Patient Mari A.)

8 61. Respondent is subject to disciplinary action under section 2234,  
9 subdivision (c), of the Code in that she engaged in repeated negligent acts in the care and  
10 treatment of a patient. The circumstances are as follows:

11 62. Paragraphs 49 through 60 are incorporated by reference as if fully set forth  
12 herein.

13 63. Respondent committed repeated negligent acts in the care and treatment of  
14 patient Mari A. in the following instances:

15 A. Each time she failed to perform and document pertinent history.

16 B. Each time she failed to perform and document an adequate physical  
17 examination.

18 C. Each time she failed to perform and document an adequate assessment.

19 D. Each time she made the assessment of medical conditions without  
20 supporting history, exam findings, or objective studies.

21 E. Each time she failed to develop and document reasonable plans for  
22 evaluating and/or treating the patient's presenting complaints/diagnosis on a repeated  
23 basis.

24 F. Each time she failed to maintain documentation of referrals when a  
25 specialists care was indicated and failed to maintain communication with the specialists  
26 whom the patient was allegedly referred to.

27 G. When she failed to recognize signs of gallbladder carcinoma.

28 ///

1 H. When she failed to refer a patient with a diagnosis of cholecystitis to an  
2 appropriate specialist.

3 I. When she failed to adequately evaluate prolonged visual acuity.

4 J. When she failed to adequately evaluate prolonged hearing loss.

5 K. When she failed to adequately evaluate and treat the patient's mental  
6 status.

7 L. When she failed to adequately treat hypercholesterolemia.

8 64. On July 20, 2005 and August 17, 2005, Respondent participated in  
9 interviews with the Medical Board of California, regarding her care of patient Mari A. During  
10 such interview Respondent demonstrated a lack of knowledge when she:

11 A. Demonstrated her inability to distinguish between rales and rhonchi or to  
12 explain any significance between the two findings;

13 B Stated that varicose veins were the cause of abnormal pulses;

14 C. Answered that "the stool was not bloody" when asked if GI bleeding was  
15 ever ruled out in a patient with anemia and failed to recognize that GI bleeding needed to  
16 be ruled out in a setting of anemia;

17 D. Stated that gallbladder wall calcification was a sign of cholecystitis;

18 E. Did not know what thoracic outlet syndrome is;

19 F. Stated that a low TSH was indicative of hypothyroidism;

20 G. Did not know what a cystocele was;

21 H. Made an inaccurate labeling of thyroid disorder.

22 **EIGHTH CAUSE FOR DISCIPLINE**

23 (Inadequate Records Keeping - All Patients )

24 65. Respondent is subject to disciplinary action under section 2266 of the  
25 Code in that Respondent failed to maintain adequate records of his care and treatment of patients  
26 Maria B., Claudia C., Nelli S. and Mari A. The circumstances are as follows:

27 66. The allegations of paragraphs 7 through 64 are incorporated herein by  
28 reference as if fully set forth.

1 NINTH CAUSE FOR DISCIPLINE

2 (Incompetence – All Patients)

3 67. Respondent is subject to disciplinary action under section 2234,  
4 subdivision (d), in that Respondent was incompetent and demonstrated lack of knowledge and/or  
5 ability in treatment of four patients. The circumstances are as follows:

6 68. The allegations in paragraphs 7 - 64 are incorporated here by reference as  
7 if fully set forth.

8 69. Respondent demonstrated a lack of knowledge when discussing the details  
9 of her treatment and care of patient Maria B. during her interview with the Medical Board on  
10 July 20, 2005 and August 17, 2005, when she stated that Gonorrhea and Chlamydia testing were  
11 performed via a blood test.

12 70. Respondent demonstrated her incompetence when discussing the details of  
13 her treatment and care of patient Claudia C. during her interview with the Medical Board.  
14 Specifically, Respondent demonstrated a lack of knowledge when she:

15 A. Failed to acknowledge that contraindications for oral contraceptives were  
16 cancers of the uterus or breasts;

17 B. Failed to consider that the presence of vaginal bleeding does not rule out  
18 pregnancy;

19 C. Stated that Doxycycline was active for Trichomonas, Chlamydia, and  
20 Gonorrhea. Among the three conditions Doxycycline is only active for Chlamydia; and

21 D. Failed to recognize that strong or foul smelling vaginal discharge is  
22 usually caused by bacterial vaginosis.

23 71. Respondent demonstrated her incompetence when discussing the details of  
24 her treatment and care of patient Nelli S. during her interview with the Medical Board when she:

25 A. Stated that Ultram was not an addictive medication;

26 B. Stated that a patient with a hysterectomy was in menopause due to the lack  
27 of menstruations;

28 ///

- 1 C. Made a diagnosis of a thyroid disorder in the setting of normal thyroid  
2 studies; and
- 3 D. Failed to recognize signs of gallbladder carcinoma.
- 4 72. Respondent demonstrated her incompetence in the care that was given and  
5 omitted from being given to patient Maria A. and when discussing the details of her treatment  
6 and care of patient Mari A. during her interview with the Medical Board. Specifically,  
7 Respondent demonstrated her lack of knowledge when she:
- 8 A. Demonstrated her inability to distinguish between rales and rhonchi or to  
9 explain any significance between the two findings;
- 10 B. Stated that varicose veins were the cause of abnormal pulses;
- 11 C. Answered that "the stool was not bloody" when asked if GI bleeding was  
12 ever ruled out in a patient with anemia and failed to recognize that GI bleeding needed to  
13 be ruled out in a setting of anemia;
- 14 D. Stated that gallbladder wall calcification was a sign of cholecystitis;
- 15 E. Did not know what thoracic outlet syndrome is;
- 16 F. Stated that a low TSH was indicative of hypothyroidism;
- 17 G. Did not know what a cystocele<sup>7</sup> was;
- 18 H. Made an inaccurate labeling of thyroid disorder;
- 19 I. Failed to perform a urinalysis or urine culture despite repeated urinary  
20 complaints;
- 21 J. Used Ergotamine<sup>8</sup> in order to "improve the memory" of a patient;
- 22 K. Failed to recognize signs of gallbladder carcinoma;
- 23 L. Failed to act in the case of prolonged visual loss, thus failing to recognize  
24 the potential seriousness of this condition;

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25  
26 7. A cystocele is a condition that occurs when the wall between a woman's bladder and her  
27 vagina weakens and allows the bladder to droop into the vagina. This condition may cause  
28 discomfort and problems with emptying the bladder.

8. Ergotamine is a drug used as a vasoconstrictor for migraine prevention.

1 M. Failed to act in the case of prolonged hearing loss, thus failing to recognize  
2 the potential seriousness of this condition; and

3 N. Failed to adequately evaluate or treat the patient's mental status changes.

4 **PRAYER**

5 **WHEREFORE**, Complainant requests that a hearing be held on the matters  
6 herein alleged, and that following the hearing, the Medical Board of California issue a decision:

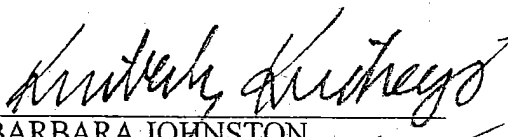
7 1. Revoking or suspending Physician and Surgeon's Certificate number  
8 A39608, issued to Anahit Blikian, M.D..

9 2. Revoking, suspending or denying approval her authority to supervise  
10 physician's assistants, pursuant to section 3527 of the Code;

11 3. If placed on probation, ordering her to pay the Medical Board of California  
12 the costs of probation monitoring, if she is placed on probation;

13 4. Taking such other and further action as deemed necessary and proper.

14 DATED: September 13, 2007

15  
16   
17 BARBARA JOHNSTON  
18 Executive Director  
19 Medical Board of California  
20 State of California  
21 Complainant

22 LA2006502846

23 50125998.wpd